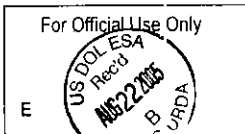


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



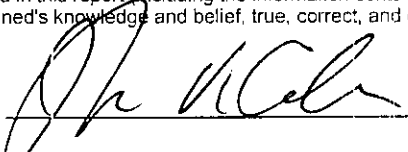
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10305	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Jack Callaci P.O. Box, Bldg., Room No., if any Street 375 Branch Avenue City Providence State Rhode Island ZIP Code + 4 02904	4. Name, file number, and address of labor organization. Name United Nurses & Allied Professionals Labor Organization File Number 541-143 P.O. Box, Building and Room Number, if any Street 375 Branch Avenue City Providence State Rhode Island ZIP Code + 4 02904
5. Position in labor organization. Director of Coll. Barg. & Organiz.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/2005	401-831-3647
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Blue Cross Blue Shield of RI</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 444 Westminster Street</p> <p>City Providence</p> <p>State Rhode Island ZIP Code + 4 02903</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>provider of health insurance</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>dinner meeting on February 18, 2004 (\$35.90)</p> <p>dinner meeting on December 17, 2004 (\$36.01)</p> <p>12.b. Amount. \$72</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>